

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012759

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3353

FILED APR 6 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1.Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY  
OR  
TOWN St. LouisInside Limits:  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
4810 Fyler Avenue.,Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
RINEHOLD (REINHOLDT) HECHT4. DATE  
OF  
DEATH Month Day Year  
MARCH 28, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
10/14/18959. AGE (last birthday)  
66IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Glass Cutter10b. KIND OF BUSINESS OR INDUSTRY  
Ford Motor Company11. BIRTHPLACE (City and state or country)  
Perry County, Mo.12. CITIZEN OF WHAT COUNTRY  
U S.A.

13a. FATHER'S NAME

Benjamin Hecht

13b. MOTHER'S MAIDEN NAME

Margaret Stueve

14. NAME OF HUSBAND OR WIFE

Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)  
No16. SOCIAL SECURITY NO.  
Nil17. INFORMANT  
Address  
Ben C. Hecht, Altenburg, Missouri.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Insufficiency

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Pulmonary Emphysema

DUE TO (c)

527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/15/62 to 3/28/62 and last saw her alive on 3/28/62  
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David L. Beards M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

3/28/62.

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

3/31/62

23c. NAME OF CEMETERY OR CREMATORY

Immanuel Lutheran Cemetery Altenburg, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG.

MAR 29 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

NOV 15 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Kable*

Licensed Embalmer No. 4596

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.